

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27441

Registrar's No. 3099

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
In this community 71 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Leona Schueszler

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John A Schueszler 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Jan 6 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 7 If less than one day 1 hr. — min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER { 12. Name Brown  
13. Birthplace No record (City, town, or county) (State or foreign country)  
14. Maiden name Deborah  
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant John A. Schueszler  
(b) Address 4140 Oak

17. (a) Burial (b) Date thereof Aug 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem.

18. (a) Signature of funeral director Wm. M. Crown  
(b) Address 20 West Linwood

19. (a) 8/16/41 (b) W. M. Crown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4140 Oak (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13  
year 1941 hour — minute — M.

21. I hereby certify that I attended the deceased from — 19 — to — 19 —;  
that I last saw him alive on — 19 —;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration —

Intestinal obstruction  
arteriosclerosis  
pernicious anemia

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings: Of operations abdominal PHYSICIAN —

Of autopsy 124 B Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury —

23. Signature W. M. Crown (M. D. or other) —  
Address — Date signed 8/16/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *109*

P. O. Address *K.C., Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**